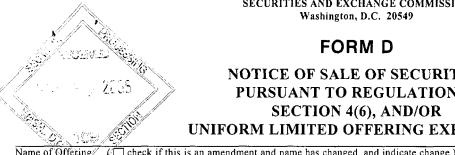
FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

297082

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden

hours per response. 16.00

SEC USE ONLY



Fairfield Financial Services, Inc.	06025288
Filing Under (Check box(es) that apply):	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Fairfield Financial Services, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 1522 NW 24th Ave., Portland, OR 97210	Telephone Number (Including Area Code) 503-348-7011
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Mortgage broker who brokers private investor loans secu	ured by real property
Type of Business Organization	
✓ corporation ☐ limited partnership, already formed ☐ other (please) ☐ business trust ☐ limited partnership, to be formed	ease specify): FEB 2 4 2005
Month Year Actual or Estimated Date of Incorporation or Organization: O 6 9 8 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: ON for Canada: FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

1 of 9

			A. BASIC IDE	ENTH	FICATION DATA		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
2. Enter the information re	quested for the fol	lowin	g:				<u> </u>		
• Lach promoter of t	he issuer, if the iss	uer h	as been organized w	ithin	the past five years;				
 Each beneficial own 	ner having the pow	er to v	ote or dispose, or dir	ect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
• Each executive off	icer and director of	f corp	orate issuers and of	corpo	rate general and man	aging	partners of	partne	ership issuers; and
 Each general and n 	nanaging partner o	f partı	nership issuers.						
Check Box(es) that Apply:	Promoter	7	Beneficial Owner	7	Executive Officer	7	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)			-					
Grover W. Sparkman,	Jr.								
Business or Residence Addre	ss (Number and	Street	, City, State, Zip Co	de)	· · · · · · · · · · · · · · · · · · ·				
3327 SE 50th; Portla	nd, OR 97206								
Check Box(es) that Apply:	Promoter	4	Beneficial Owner	7	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
M. Louise Sparkman									
Business or Residence Addre	ss (Number and	Street	, City, State, Zip Co	de)					
3327 SE 50th, Portla	nd, OR 97206								
Check Box(es) that Apply:	Promoter	7	Beneficial Owner	V	Executive Officer	7	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		,						
S. Clay Sparkman			<u> </u>						
Business or Residence Addre			, City, State, Zip Co	ide)					
1522 NW 24th Ave., P		7210		_					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street	, City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it	f individual)								
Business or Residence Addre	ss (Number and	Street	, City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street	, City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		1						
Business or Residence Addre	ss (Number and	Street	, City, State, Zip Co	de)					
Datimos of residence radio.	so (iramooi and		, 2115, 21110, Esp 00	<i>,</i>					

					B. 1	NFORMAT	ION ABOU	T OFFERI	NG	Towns			
1.	Has the	issuer sold	l, or does th	a icenar i	atend to se	II to non-a	ccredited i	nvestors ir	this offer	ina?		Yes	No
1.	i i	155401 5010	i, or does in			Appendix				•	***************************************		
2.	What is	the minim	um investn									\$	
												Yes	No
3.			permit join										
4.	commiss If a person	sion or sim: on to be lis , list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation rson or age ealer. If mo	of purchase int of a brok ore than five	ers in conne ter or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	irectly, any he offering. with a state ons of such		
Ful			first, if indi			- "							
Bus			Address (N			tv. State. 7	(in Code)						
			e., Portl			,, ວະເພເບ, 2							
Nar	ne of Ass	ociated Br	oker or De	aler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	•••					
			" or check						***************************************			AI	l States
	AL	AK	[AZ]	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	ID
	TL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK.	QR.	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (I	ast name	first, if indi	vidual)			-						
Bus	iness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
											u		
Nar	ne of Ass	ociated Br	oker or Dea	aler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	'All States	" or check	individual	States)	•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••••••			••••••	☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK.	OR	PA
	RI	SC	SD	[TN]	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (I	ast name	first, if indi	vidual)			-						
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)			.,,			
Nor	ne of Acc	ocioted Dr	oker or De	nlar			-						. <u> </u>
Nai	11C 01 ASS	ocialed bi	okei oi Dei	4161									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		_			· ·	
	(Check	'All States	" or check	individual	States)		,			•••••		☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Amount Already
	Type of Security	Offering Price	-
	Debt	\$ 270,000	\$ 270,000
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$270,000	\$ 270,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	2	Aggregate Dollar Amount of Purchases
	Accredited Investors	6	\$ 270,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	6	\$ 270,000
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		<u> </u>
	Regulation A	_	\$
	Rule 504	rticipation	\$ 270,000
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees	•••••	□ \$_0
	Printing and Engraving Costs		<u> </u>
	Legal Fees	******	<u> </u>
	Accounting Fees	*****************	<u> </u>
	Engineering Fees	•••••	<u>\$ 0</u>
	Sales Commissions (specify finders' fees separately)		Amount not paid loan amount
	Other Expenses (identify) Doc Prep Fee, Collection Acct Setup Fee, Inspection F	ee	Amount not paid loan amount
	Total		_ [7] \$ °

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted	l gross	<u>\$</u> 270,000
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estima the payments listed must equal the adjusted	te and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		🔲 \$	\$
	Purchase of real estate		🗆 \$	\$
	Purchase, rental or leasing and installation of mac and equipment	hinery	🗀 \$	\$
	Construction or leasing of plant buildings and fac	ilities	\$	\$
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another		_
	Repayment of indebtedness			
	Working capital		🗆 \$	\$
	Other (specify): Doc Prep Fee, Collection F	acct Setup Fee, Inspection Fee		\$
			(Amounts not	paid out of loan amoun
			[] \$	
	Column Totals		🗆 \$	
	Total Payments Listed (column totals added)		\$_0	
		D. FEDERAL SIGNATURE		e de la companya de l
sigi	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange C	ommission, upon writte	
Issu	er (Print or Type)	Signature	Date	
F	airfield Financial Services, Inc.	40-	7.2.06	
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
S	. Clay Sparkman	Vice President		

___ ATTENTION ____

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	- () (100 A 3 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No V
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Fairfield Financial Services, Inc.	4. 6	2-2.06
Name (Print or Type)	Title (Print or Type)	
S. Clay Sparkman	Vice President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		Section Control		AP	PENDIX						
1	to non-a investor	1 to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA											
СО											
СТ											
DE											
DC	23000										
FL											
GA											
HI								ļ 			
ID											
IL											
IN							-				
IA								 -,			
KS											
KY											
LA							,				
ME											
MD								,,,			
MA											
MI											
MN							···				
MS											

APPENDIX . 2 1 5 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach Type of investor and amount purchased in State offering price to non-accredited explanation of offered in state investors in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors** Investors Yes No Amount Amount MO MT NE NVNH NJ NM NY NC ND OH OK OR 95,000 95,000 0 PA RI SC SD TN TX UT VTVAWA 175,000 1 175,000 0 WV Wl

1 -	, -	2	3		4							
	to non-a	to sell and aggregate offering price offered in state offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			ind aggregate fering price Ty Fered in state Ty	amount purchased in State				ate ULOF attach ation of granted) Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY									, ,,,			
PR												